

**Nevada Division of State Parks
SEASONAL HIRING CHECKLIST**

EMPLOYEE NAME _____ SS# or ID# _____

START DATE _____ TITLE _____ POSITION CONTROL # _____

NEW SEASONAL

- ☐ Will work more than 80 hours during 1st month of employment
- ☐ Will work less than 80 hours during 1st month of employment

- ☐ Approved Application
- ☐ Signed Essential Functions (ADA-01 & ADA-03) **AND** Work Performance Standards (WPS) **AND** Acknowledgement Form for DCNR Prohibitions & Penalties
- ☐ ESMT-A (completed by the Accounting Assistant/RM and signed by employee) **AND** ESMT-B (completed and signed by employee)
- ☐ I-9 Employment Eligibility Verification
- ☐ Form SSA-1945 (Statement Concerning Your Employment in a Job not covered by Social Security)
- ☐ W-4
- ☐ Variable Work Week Agreement (if applicable) **OR** RDOs
- ☐ Paycheck Cashing Policy Acknowledgement Form
- ☐ FICA Alternative Plan Enrollment Forms **OR** PERS Member Enrollment Form and Beneficiary Designation Form **IF** working more than 1039 hrs in a Fiscal Year
- ☐ PEBP Employee Hiring Form (EHF) **AND** Benefits Enrollment and Change Form (BECF). **AND** Patient Protection and Affordable Care Act letter
- ☐ Uniform Allowance - Maintenance Document (ADM 43) **AND** Uniform Policy Verification Form (ADM 40)
- ☐ Sexual Harassment and Discrimination Policy Acknowledgement Form
- ☐ TS-58 Alcohol/Drug Free Workplace Acknowledgement Form
- ☐ Safety in the Workplace Form
- ☐ DCNR Information Technology Policy #IT-001 Acknowledgement Form
- ☐ Emergency Contact Form (ADM 41)
- ☐ Provide a list of all state park policies and highlight critical policies for employee to read within 2 weeks.

RETURNING SEASONAL

- ☐ Approved Application (if returning in a different class title)
- ☐ Signed Essential Functions (ADA-01 & ADA-03) **AND** Work Performance Standards (WPS) **AND** Acknowledgement Form for DCNR Prohibitions & Penalties
- ☐ ESMT-A **AND** ESMT-B (completed the same as for new seasonal, see above)
- ☐ I-9 Employment Eligibility Verification
- ☐ W-4
- ☐ Variable Work Week Agreement (if applicable) **OR** RDOs
- ☐ FICA Alternative Plan Enrollment Form **OR** Social Security Contribution Form (ADM 42) **OR** PERS Member Enrollment and Beneficiary Designation Forms **IF** working more than 1039 hrs in a Fiscal Year
- ☐ PEBP Employee Hiring Form (EHF) **AND** Benefits Enrollment and Change Form (BECF). **AND** Patient Protection and Affordable Care Act Letter
- ☐ Uniform Allowance-Maintenance Document (ADM 43) **AND** Uniform Policy Verification Form (ADM 40)
- ☐ Sexual Harassment and Discrimination Policy Acknowledgement Form
- ☐ DCNR Information Technology Policy #IT-001 Acknowledgement
- ☐ Emergency Contact Form (ADM 41)